

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Electrosurgical Generator with Adaptive Power Control

the specification of which (check only one item below):

is attached hereto

was filed as United States application

Serial No. \_\_\_\_\_

on \_\_\_\_\_

and was amended

on \_\_\_\_\_ (if applicable).

was filed as PCT international application

Number \_\_\_\_\_

on \_\_\_\_\_

and was amended under PCT Article 19

on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

**PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:**

COUNTRY (IF PCT INDICATE "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY**  
 (Includes Reference to PCT International Applications)

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Docket Number  
 PC9743ALP

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

**PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:**

<b>U. S. APPLICATIONS</b>		<b>STATUS (CHECK ONE)</b>		
<b>U.S. APPLICATION NO.</b>	<b>U. S. FILING DATE</b>	<b>PATENTED</b>	<b>PENDING</b>	<b>ABANDONED</b>
<b>PCT APPLICATIONS DESIGNATING THE U.S.</b>			<b>PATENTED</b>	<b>PENDING</b>
<b>PCT APPLICATION NUMBER</b>	<b>PCT FILING DATE</b>	<b>U.S. SERIAL NUMBERS ASSIGNED (if any)</b>		

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

**SEE ATTACHED LIST**

<input checked="" type="checkbox"/> 201	FULL NAME OF INVENTOR	FAMILY NAME GINES	FIRST GIVEN NAME DAVID	SECOND GIVEN NAME LEE
<input checked="" type="checkbox"/> 202	RESIDENCE & CITIZENSHIP	CITY BOULDER	STATE OR FOREIGN COUNTRY COLORADO CO	COUNTRY OF CITIZENSHIP UNITED STATES OF AMERICA
<input checked="" type="checkbox"/> 203	POST OFFICE ADDRESS	1300 30TH STREET D10-16	CITY BOULDER	STATE/ZIP CODE/COUNTRY COLORADO 80303 U.S.A.
<input checked="" type="checkbox"/> 204	FULL NAME OF INVENTOR			
<input checked="" type="checkbox"/> 205	RESIDENCE & CITIZENSHIP			
<input checked="" type="checkbox"/> 206	POST OFFICE ADDRESS			
<input checked="" type="checkbox"/> 207	FULL NAME OF INVENTOR			
<input checked="" type="checkbox"/> 208	RESIDENCE & CITIZENSHIP			
<input checked="" type="checkbox"/> 209	POST OFFICE ADDRESS			
<input checked="" type="checkbox"/> 210	FULL NAME OF INVENTOR			
<input checked="" type="checkbox"/> 211	RESIDENCE & CITIZENSHIP			
<input checked="" type="checkbox"/> 212	POST OFFICE ADDRESS			

COMBINED DECL. & P. OF A.

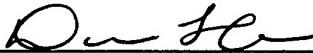
205	FULL NAME OF INVENTOR		
	RESIDENCE & CITIZENSHIP		
	POST OFFICE ADDRESS		
206	FULL NAME OF INVENTOR		
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	POST OFFICE ADDRESS		
207	FULL NAME OF INVENTOR		
	RESIDENCE & CITIZENSHIP		
	POST OFFICE ADDRESS		
208 <input checked="" type="checkbox"/>	FULL NAME OF INVENTOR		
<input checked="" type="checkbox"/>	RESIDENCE & CITIZENSHIP		
<input checked="" type="checkbox"/>	POST OFFICE ADDRESS		

COMBINED DECL. &amp; P. OF A.

2 3 4 5 6 7 8 9 10

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR (201)



DATE

March 25, 1997

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